

Facility:  
Date:  
Surveyor:

Quarterly Fire Drill Information  
Intermediate Care Facility/Individuals with Intellectual Disabilities

Directions: Fill out all information appropriately.

	1st QUARTER Date and Time <i>(Jan, Feb, Mar)</i>	2nd QUARTER Date and Time <i>(Apr, May, Jun)</i>	3rd QUARTER Date and Time <i>(Jul, Aug, Sep)</i>	4th QUARTER Date and Time <i>(Oct, Nov, Dec)</i>
AM (Morning Shift)				
PM (Evening Shift)				
NIGHT (Overnight Shift)				

Problems Identified:

Resolution of Problems: